

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09064

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Crisfield</u>	LENGTH OF STAY (in this place) <u>15 years</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Walnut St.</u>		STREET ADDRESS (If rural, give location) <u>Walnut St.</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>Mannie</u>	(Middle) <u>Abbott</u>	OF DEATH: <u>Sept. 28</u> 19 <u>55</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE. MARRIED. WIDOWED. DIVORCED. (Specify): <u>MARRIED</u>	8. DATE OF BIRTH: <u>August 18, 1904</u>
9. AGE last birthday <u>51</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Marine Railway</u>	
11. BIRTHPLACE (State or foreign country): <u>Deal Island Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Henry Abbott</u>		14. MOTHER'S MAIDEN NAME: <u>Frances Laird</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>218-16-9423</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Amy Abbott - Crisfield, Md.</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Acute Myocardial Infarction</u>			<u>5 minutes</u>
ANTECEDENT CAUSE (B) <u>260x</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Diabetes Mellitus</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 15</u> , 19 <u>53</u> , to <u>Aug. 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug. 27</u> , 19 <u>55</u> , and that death occurred at <u>1:00</u> P. M. from the causes and on the date stated above.			
SIGNATURE <u>A. B. Baw</u>		DATE SIGNED <u>9/30/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		24. FUNERAL DIRECTOR	
DATE REC'D BY LOCAL REGISTRAR <u>Sept. 30, 1955</u>		ADDRESS <u>Bradshaw &amp; Sons - Crisfield, Md.</u>	
REGISTRAR'S SIGNATURE <u>Barbara L. Adams</u>			

RECEIVED

OCT 6 1955

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR TOWN) <u>Weston</u>		LENGTH OF STAY (in this place) <u>16 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Weston</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>				STREET ADDRESS (If rural give location) <u>Rural</u>		1	
3. NAME OF DECEASED: (First) <u>Melvin</u> (Middle) <u>J</u> (Last) <u>Baker</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>Sept. 29 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>July 20, 1896</u>	
9. AGE last birthday: <u>59</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Michigan</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farming</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>Owner</u>			
13. FATHER'S NAME: <u>John E. Baker</u>				14. MOTHER'S MAIDEN NAME: <u>Alice Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>None</u>				16. SOCIAL SECURITY NO. <u></u>			
17. INFORMANT & ADDRESS: <u>Minnie Y. Baker Weston</u>							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
154X IMMEDIATE CAUSE (A) <u>Carcinoma of rectum</u>							
ANTECEDENT CAUSE (B) <u></u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u></u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u></u>							
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR? <u></u>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u></u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>11/1/54</u> , 19 <u>54</u> , to <u>9/29/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/2/55</u> , 19 <u>55</u> , and that death occurred at <u>M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Melvin J. Baker</u>		M.D. <u>John H. Johnson</u>		DATE SIGNED <u>9-30-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Oct. 1, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>		LOCATION (City, town, or county) (State) <u>Weston Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>9/30/55</u>		REGISTRAR'S SIGNATURE <u>R. H. Johnson</u>		24. FUNERAL DIRECTOR <u>Henry H. Watson</u>		ADDRESS <u>Cocoma, Md</u>	

MARGIN RESERVED FOR BINDING

BUREAU V. 2

OCT 3 1955

RECEIVED

9-55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

Reg. Dist. 09066

No. 760

## 1. PLACE OF DEATH:

COUNTY Somerset MARYLANDCITY (If outside corporate limits, write RURAL OR and give nearest town) Rural Ruwen Ave, Rural LENGTH OF STAY (in this place) 4 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY SomersetCITY (If outside corporate limits write RURAL and give nearest town) Rural Ruwen Ave. OR TOWN XSTREET ADDRESS (If rural, give location) 1

## 3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

ClarenceBrown

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

Sept1819 55

## 5. SEX:

## 6. COLOR OR RACE:

## 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

## 8. DATE OF BIRTH:

## 9. AGE Last birthday:

## IF UNDER 1 YEAR IF UNDER 24 HRS.

MalecoloredSingle191837Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

## 10b. KIND OF BUSINESS OR INDUSTRY:

## 11. BIRTHPLACE (State or foreign country):

## 12. CITIZEN OF WHAT COUNTRY?

## 13. FATHER'S NAME:

## 14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

## 16. SOCIAL SECURITY No.:

## 17. INFORMANT &amp; ADDRESS:

no267-05-1657Will James Ruwen Ave.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause

DUE TO

(a) acute coronary heart disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(b) died when I saw him.

(c)

## II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

3 hours.

## 19a. DATE OF OPERATION:

## 19b. MAJOR FINDING OF OPERATION:

## 20. AUTOPSY?

Yes ☐ No ☒21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH

## 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

## 21c. (City or town)

(County)

(State)

## 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED White at work ☐ Not while at work ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

R. J. JohnsonCHIEF MEDICAL EXAMINER ☐

DATE SIGNED

DEPUTY MEDICAL EXAMINER ☐

M. D.

ASSISTANT MEDICAL EXAM. ☐Sept 21-1955

## 23. BURIAL, CREMATION, REMOVAL (Specify):

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

ADDRESS

9/21/55R. J. Johnson, M.D.William H. James Jr. Ruwen Ave. Md

95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

SEP 28 1955

RECEIVED



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9057

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09067

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Dorchester</u>	
CITY (If outside corporate limits, write OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN <u>VENTON</u>		8 MONTHS		TOWN <u>VIENNA MD.</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE. (Month) (Day) (Year)			
WILLIAM BYRD				DEATH: 9 4 1955			
5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
male	colored	single	? 1891	64			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
labor		factory canning		VENTON MD. SOMERSET COUNTY.		USA.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
MORRIS BYRD				MARY PARKER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
		220-10-6655A		ELIZABETH ROBINSON. PRINCESS ANNE MD			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
422.2 IMMEDIATE CAUSE (A) Chronic myocarditis						18 months	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (B)							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 27, 1955, to Sept. 7, 1955, that I last saw the deceased alive on Aug 31, 1955, and that death occurred at 11:30 PM, from the causes and on the date stated above.							
SIGNATURE		M. D.		ADDRESS		DATE SIGNED	
E. J. G. Harrison		M. D.		Princess Anne Md		9.7.55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		9/7/55		GRACE		VENTON MD	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
9/7/55		R. S. Johnson M.D.		William H. James		Princess Anne Md	

BUREAU V. S.

SEP 8 1955

RECEIVED



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09068

9558

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Crisfield		lifetime		TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
79 McCready Hospital				Paper St. 1			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) CHARLES		(Middle) DENNIS		(Last)		DATE OF DEATH: September 18 1955	
(Type or Print)							
5. SEX: Male		6. COLOR OR RACE: Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single		8. DATE OF BIRTH: Dec. 8, 1939	
						9. AGE last birthday: 15 yrs.	
						IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none				10B. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Irvington, Va.	
						12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Wilbur Smith				14. MOTHER'S MAIDEN NAME: Ella Dennis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
401.8 IMMEDIATE CAUSE (A) Rheumatic Pancarditis						10 days	
ANTECEDENT CAUSE (B) DUE TO Rheumatic Fever						1 1/2 mo.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 12, 1955, to Sept. 18, 1955, that I last saw the deceased alive on Sept. 18, 1955, and that death occurred at 3:15 a.m. from the causes and on the date stated above.							
SIGNATURE C. Rawley				ADDRESS Crisfield, Md.		DATE SIGNED 9/20/55	
				M. D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Sept. 20, 1955		Lawsonia Cemetery		Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Sept. 20, 1955		Barbara L. Adams		Bradshaw & Sons—Crisfield, Md.			

BUREAU V. 2.

SEP 23 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Somerset</b>	MARYLAND	STATE <b>Maryland</b>	COUNTY <b>Somerset</b>
CITY (If outside corporate limits, write RURAL, and give nearest town) <b>OR</b> TOWN <b>Crisfield</b>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) <b>OR</b> TOWN <b>Crisfield</b>	<b>31</b>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>McCreedy Hospital</b>		STREET ADDRESS (If rural give location) <b>Crockett Ave.</b>	
3. NAME OF DECEASED: (First) (Middle) (Last) <b>Belle Zora Evans</b>		4. DATE OF DEATH: (Month) (Day) (Year) <b>Sept. 13, 1955</b>	
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Widow</b>	8. DATE OF BIRTH: <b>Aug. 31, 1881</b>
9. AGE last birthday: <b>74</b> yrs. <b>0</b> months <b>12</b> hours		10. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country): <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME: <b>John Maddrix</b>		14. MOTHER'S MAIDEN NAME: <b>Jane Somers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>No</b>		16. SOCIAL SECURITY NO.: <b>None</b>	
17. INFORMANT & ADDRESS: <b>Vernon Evans, Crisfield, Md.</b>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>900.0</b> Immediate cause (a) <b>acute dil of heart</b> Antecedent causes (s) (b) <b>Fractured rt. femur</b> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)			Interval Between Onset And Death <b>1 month</b>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>diabetes mellitus</b>			
19a. DATE OF OPERATION: <b>Sept. 1, 55</b>		19b. MAJOR FINDINGS OF OPERATION: <b>Complete fracture upper third rt femur</b>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <b>accident</b>		PLACE (Home, farm, factory, street, office bldg., etc.) <b>home</b>	
CITY OR TOWN <b>Crisfield</b>		COUNTY <b>Somerset</b>	
STATE <b>Md</b>			
TIME (Month) (Day) (Year) (Hour) <b>Aug 18, 55 5A m.</b>		INJURY OCCURRED <b>While at Work</b>	
HOW DID INJURY OCCUR? <b>Fall down steps at home</b>			
22. I hereby certify that I attended the deceased from <b>Aug 18, 1955</b> , to <b>Sept 13, 1955</b> , that I last saw the deceased alive on <b>Sept 13, 1955</b> , and that death occurred at <b>2:30 A.M.</b> from the causes and on the date stated above.			
SIGNATURE <b>C. Krawley</b>		DATE SIGNED <b>9/15/55</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		DATE THEREOF <b>Sept. 15, 1955</b>	
NAME OF CEMETERY OR CREMATORY <b>Crisfield</b>		LOCATION (City, town, or county) <b>Crisfield, Md.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>Sept 15, 1955</b>		REGISTRAR'S SIGNATURE <b>Barton J. Adams</b>	
24. FUNERAL DIRECTOR <b>Durward Q. Covington</b>		ADDRESS <b>Crisfield, Md.</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BUREAU V.

SEP 10 1955

100-100000

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

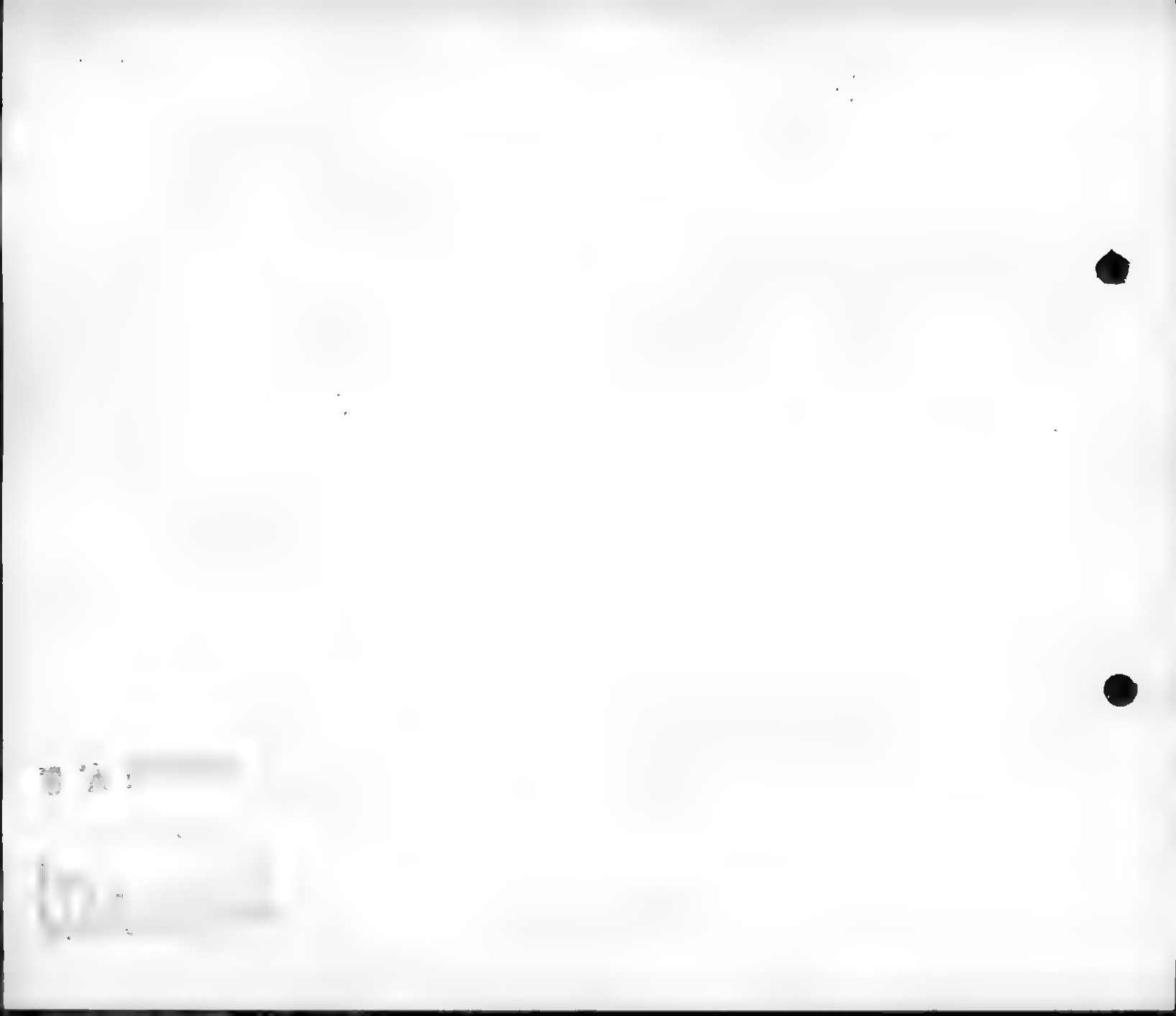
9-60 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09070

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH.				2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town.) OR TOWN <u>Crisfield</u>		LENGTH OF STAY (in this place) <u>4 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town.) OR TOWN <u>Crisfield</u> <u>37</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCreedy Hospital</u>				STREET ADDRESS (If rural give location) <u>Chesapeake Ave.</u> <u>1</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>FERNANDO CORTEZ HEADLEY</u>				4. DATE (Month) (Day) (Year) OF DEATH. <u>September 15 19 55</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>Jan. 8, 1881</u>	
9. AGE last birthday <u>74</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>seafood packer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Seafood Industry</u>		11. BIRTHPLACE (State or foreign country): <u>Northumberland County, Va.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>Joseph Headley</u>		14. MOTHER'S MAIDEN NAME: <u>Sarah Winstead</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT & ADDRESS: <u>Mrs. Helen Christy Neilson- Crisfield, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Carcinoma - Mandible</u>						<u>2 years</u>	
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION.		19B. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar.</u> , 19 <u>49</u> to <u>Sept.</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 15</u> , 19 <u>55</u> , and that death occurred at <u>9:35p.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>C. R. Rawley M.D.</u>		ADDRESS <u>Crisfield, Md.</u>		DATE SIGNED <u>9/17/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Sept. 18, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Crisfield Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>9/17/55</u>		REGISTRAR'S SIGNATURE <u>Barton L. Adams</u>		24. FUNERAL DIRECTOR <u>Bradshaw &amp; Sons-Crisfield, Md.</u>			





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

09071

Reg. Dist. No. ....

1. PLACE OF DEATH - COUNTY <u>Summit</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Del.</u> COUNTY <u>Summit</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chance</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ocean View</u> 46X-3	
TOWN <u>Chance</u>		TOWN <u>Ocean View</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Chance</u>		STREET ADDRESS (If rural, give location) <u>Ocean View</u>	
3. NAME OF DECEASED (First) <u>Thomas</u> (Middle) <u>H.</u> (Last) <u>Hudson</u>		4. DATE OF DEATH (Month) <u>9/6</u> (Day) <u>1955</u> (Year) <u>19</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17, 1869</u>
9. AGE last birthday <u>86</u> yrs.		10. AGE last birthday If under 1 year Months <u>3</u> Days <u>1</u> Hours <u>1</u> Min. <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Preaching</u>	
11. BIRTHPLACE (State or foreign country) <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY No. <u>---</u>	
17. INFORMANT AND ADDRESS <u>Officer Hudson - Ocean View, Del.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause

(a) -- Coronary thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) -- Arteriosclerotic Heart Disease

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

## 20. AUTOPSY?

Yes ☐ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4, 1955, to 9-6, 1955, that I last saw the deceased

alive on 9-6, 1955, and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Everett C. Sutter M.D. Dame, Quarter, Maryland

## 23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 9/6/55

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

Lela J. Wheatley

Wm. Howard Wells Pittsville Md

MARGIN RESERVE FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

$$\begin{array}{r} 55 \\ 86 \\ \hline 69 \end{array}$$

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09072

## CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Fairmount</u>	LENGTH OF STAY (in this place) <u>8 years</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Fairmount</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>Orison</u>	(Middle) <u>M.</u>	(Last) <u>Hurd</u>	(Month) <u>Sept</u> (Day) <u>27</u> (Year) <u>1955</u>
(Type or Print)			
5. SEX: <u>male</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED: <u>widowed</u>	8. DATE OF BIRTH: <u>Oct. 20, 1880</u>
9. AGE last birthday: <u>74</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>retired from U.S. Army</u>		10B. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Alfred P. Hurd</u>		14. MOTHER'S MAIDEN NAME: <u>Mary E. Armond</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If Yes, give war or dates of service): <u>War 1 &amp; 2</u>		16. SOCIAL SECURITY NO.:	
17. INFORMANT & ADDRESS: <u>Mrs Marion Mezzetti Fairmount,</u>			
18. MEDICAL CERTIFICATION		Maryland	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Chronic Cystitis, Uremia</u>		<u>8 mo</u>	
ANTECEDENT CAUSE (B) <u>Benign Prostatic Hypertrophy</u>		<u>1 year</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>26281</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Dialysis</u>		<u>5 mo.</u>	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 30, 1955</u> , to <u>Sept 25, 1955</u> , that I last saw the deceased alive on <u>Jul 30, 1955</u> , and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>A. M. Ban</u>		ADDRESS <u>Croft, Ind.</u> DATE SIGNED <u>9/27/55</u>	
M. D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
<u>Burial</u>		<u>Oct. 1, 1955</u>	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Brookside Cemetery</u>		<u>Englewood, N.J.</u>	
DATE REC'D BY LOCAL REGISTRAR		24. FUNERAL DIRECTOR	
<u>8/28/55</u>		<u>Lewis B. Wilson</u>	
REGISTRAR'S SIGNATURE		ADDRESS	
<u>A. M. Ban</u>		<u>Princess Anne, Md.</u>	



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

11225

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <b>Somerset</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Fairmount</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Somerset</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Fairmount</b> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <b>Issac</b> (Middle) <b>J.</b> (Last) <b>Maddox</b>		4. DATE OF DEATH (Month) <b>Sept</b> (Day) <b>19</b> (Year) <b>1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. <b>married</b>	8. DATE OF BIRTH <b>April 15, 1882</b> 73 yrs.
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>laborer</b>	10. BIRTHPLACE (State or foreign country) <b>Maryland</b>
11. FATHER'S NAME <b>John D. Maddox</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		14. MOTHER'S MAIDEN NAME <b>Betty Walter</b>	
15. SOCIAL SECURITY NO.		17. INFORMANT <b>Bebecca Maddox Fairmount, Md.</b>	

18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>933.5 Immediate cause</b> (a) <b>Flavation and exposure - wrenched away from home into marsh on September 14, 1955 - Body found November 22, 1955</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <b>September 14, 1955 - Body found November 22, 1955</b>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN) (COUNTY) (STATE) <b>111</b>
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>m.</b>		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> . SIGNATURE <b>R. H. [Signature]</b> M.D. DATE SIGNED <b>Nov 30-55</b> (Degree or title) ADDRESS <b>Office Medical Examiner Princess Anne, Md.</b>			
23. BURIAL, CREMATION OR OTHER FINAL (Specify) <b>Burial</b>	DATE THEREOF <b>II-30-1955</b>	NAME OF CEMETERY OR CREMATORY <b>Odd Fellow cemetery</b>	LOCATION (City, town, or county) (State) <b>Fairmount, Md.</b>
DATE REC'D BY LOCAL REG. <b>Nov. 30, 1955</b>		24. FUNERAL DIRECTOR <b>Lewis R. Wilson</b> ADDRESS <b>Princess Anne, Maryland</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 31

1955

RECEIVED



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09073

9-63

## CERTIFICATE OF DEATH

Reg. Dist. No. 760

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u> OR TOWN <u>Princess Anne Md</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rt 3, Box 203</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne Md</u> OR TOWN <u>Princess Anne Md</u> STREET ADDRESS (If rural give location) <u>Rt 3 Box 203</u>	
3. NAME OF DECEASED: (Type or Print) <u>Feather J Maddox</u> (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH: <u>9-19-55</u>	
5. SEX: <u>female</u>	6. COLOR OF HAIR: <u>blue</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH: <u>8-22-1904</u> yrs. <u>51</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife, House Work</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Princess Anne Somerset</u>	11. BIRTHPLACE (State or foreign country): <u>USA</u>
13. FATHER'S NAME: <u>?</u>		14. MOTHER'S MAIDEN NAME: <u>Margaret Berings</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>228-83-8182</u>	
17. INFORMANT & ADDRESS: <u>Clemmie Maddox</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>17 X</u> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) <u>Carcinoma of liver + stomach</u> DUE TO (B) <u>Carcinoma of breast</u> DUE TO (C) <u>Secondary Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>1 yr.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-17-55</u> to <u>9-17-55</u> that I last saw the deceased alive on <u>9-17-55</u> , and that death occurred at <u>4:25 PM</u> from the causes and on the date stated above. SIGNATURE <u>A. L. Lewis</u> ADDRESS <u>Princess Anne, Md.</u> DATE SIGNED <u>9/19/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>9-21-55</u>	
NAME OF CEMETERY OR CREMATORY <u>St John</u>		LOCATION (City, town, or county) (State) <u>Seale Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>9/20/55</u>		REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>	
24. GENERAL DIRECTOR		ADDRESS <u>Princess Anne Md</u>	



9'64

09074

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

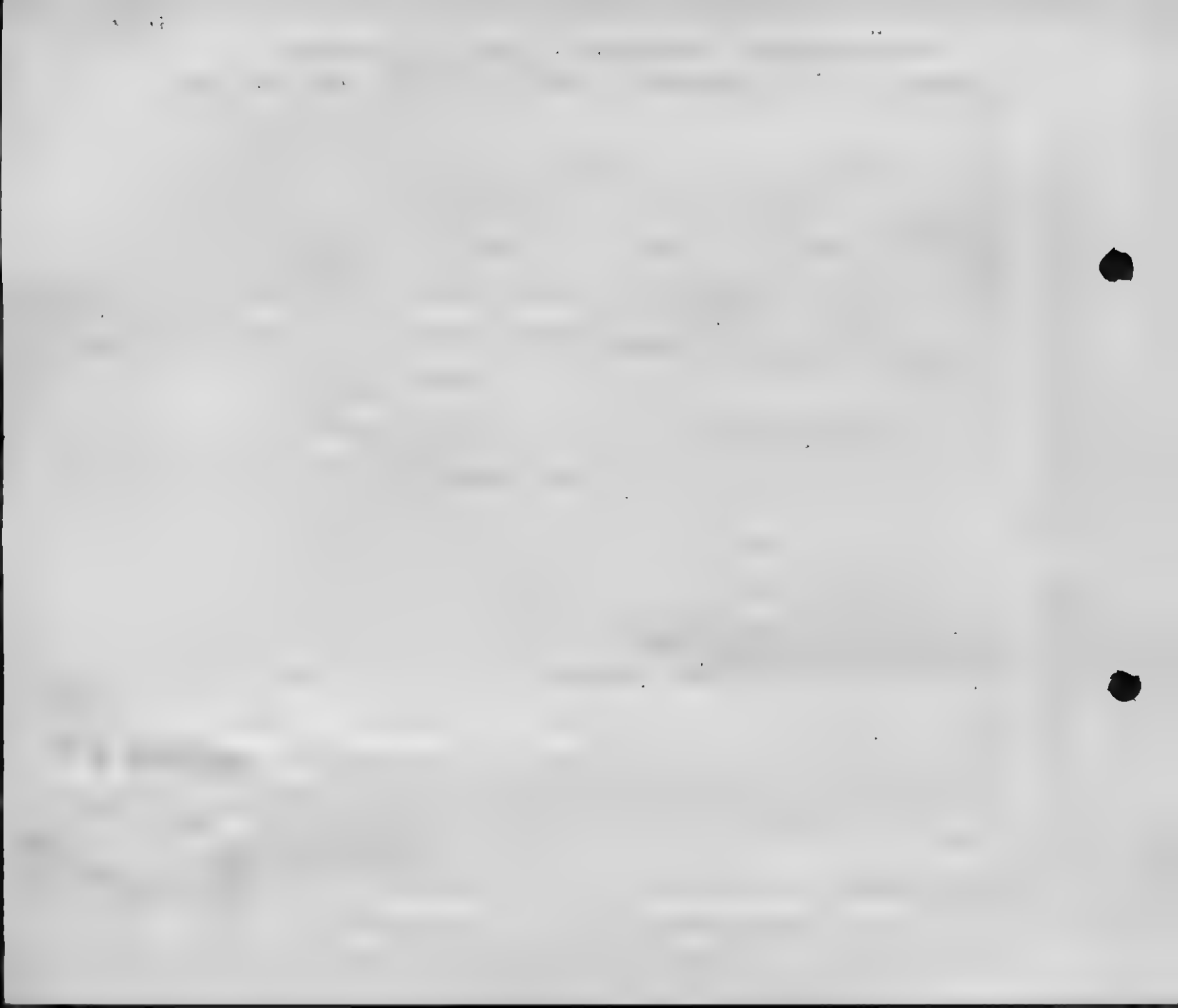
No. 260

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY	Somerset		STATE	Maryland	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	TOWN Princess Anne		CITY (If outside corporate limits write RURAL and give nearest town)	TOWN Princess Anne	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Route 2 - Box 157		STREET ADDRESS	(If rural, give location) Route 2 - Box 157	
3. NAME OF DECEASED:			4. DATE OF DEATH		
(First)	(Middle)	(Last)	(Month)	(Day)	(Year)
George Alfred Saul			September 6, 1955		
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	10. IF UNDER 1 YEAR
Male	Colored	Single	Mar. 7, 1938	17 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):			10b. KIND OF BUSINESS OR INDUSTRY:		
Trucking			Helper		
11. BIRTHPLACE (State or foreign country):			12. CITIZEN OF WHAT COUNTRY?		
Princess Anne, Md.			U.S.A.		
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:		
Martin Saul			Lena Bivens		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY No.:		
(If Yes, give war or dates of service)			214-34-5273		
17. INFORMANT & ADDRESS:			Lena Bivens - Rt. 2 - Princess Anne, Md.		

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				7	
Immediate cause (a) Anoxemia secondary to DUE TO Antecedent cause(s) (b) Aspiration 3rd - diagnosis Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) determined after autopsy by Dr. W. Terry					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY None		21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 6 - 1955 6:20 AM.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Probably from regurgitation of food from stomach	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE		M. D.		DATE SIGNED	
B. J. Bivens		Assistant Medical Examiner		Sept 7 - 55	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial		9/8/55		St. Mary's Cem.	
LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG.		24. FUNERAL DIRECTOR	
Princess Anne, Somerset, Md.		9/7/55		W. J. Bivens, Jr. Princess Anne, Md.	
REGISTRAR'S SIGNATURE		ADDRESS			
A. B. Bivens, Jr.					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-65 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09075

## CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Ind</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
X TOWN <u>Princess Anne</u>	<u>Safe</u>	TOWN <u>Princess Anne</u>	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
<u>00</u>		<u>Somerset Ave</u>	<u>1</u>
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(Type or Print) <u>Nancy</u>	(Middle) <u>L.</u>	(Last) <u>Skinner</u>	DATE: <u>Sept 14 1955</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	8. DATE OF BIRTH: <u>Dec 16, 1886</u>
9. AGE last birthday: <u>68</u> yrs.		10. AGE last birthday: <u>1</u> UNDER 1 YEAR <u>1</u> UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life): <u>Radio Operator</u>		10B. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME: <u>Woodland T. Furman</u>		14. MOTHER'S MAIDEN NAME: <u>Edna Austin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>7</u>		16. SOCIAL SECURITY No:	
17. INFORMANT & ADDRESS: <u>Mrs. Brady Skinner</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
443X IMMEDIATE CAUSE		20 minutes	
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		10 yrs +	
(A) <u>Cerebro-vascular accident</u>			
(B) <u>Hypertensive arteriosclerotic</u>			
(C) <u>cardio-vascular</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Renal calculus with vomiting</u>			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-29</u> , 19 <u>54</u> , to <u>9-14</u> , 19 <u>55</u> that I last saw the deceased alive on <u>Sept 14</u> , 19 <u>55</u> , and that death occurred at <u>10:00</u> P.M., from the causes and on the date stated above.			
SIGNATURE <u>Leo M. Blum</u>		ADDRESS <u>M.D. Blum, unretired</u>	
DATE SIGNED <u>9-15-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>burial</u>		DATE THEREOF <u>9/17/55</u>	
NAME OF CEMETERY OR CREMATORY <u>Manokin Presbyterian</u>		LOCATION (City, town, or county) (State) <u>Princess Anne Ind.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>James Newman</u>	
24. FUNERAL DIRECTOR, ADDRESS <u>Princess Anne Ind.</u>			

Α ΔΥΝΑΜΙΣ

ΔΙΟΝΥΣΙΟΥ

ΕΠΙΣΤΟΛΗ

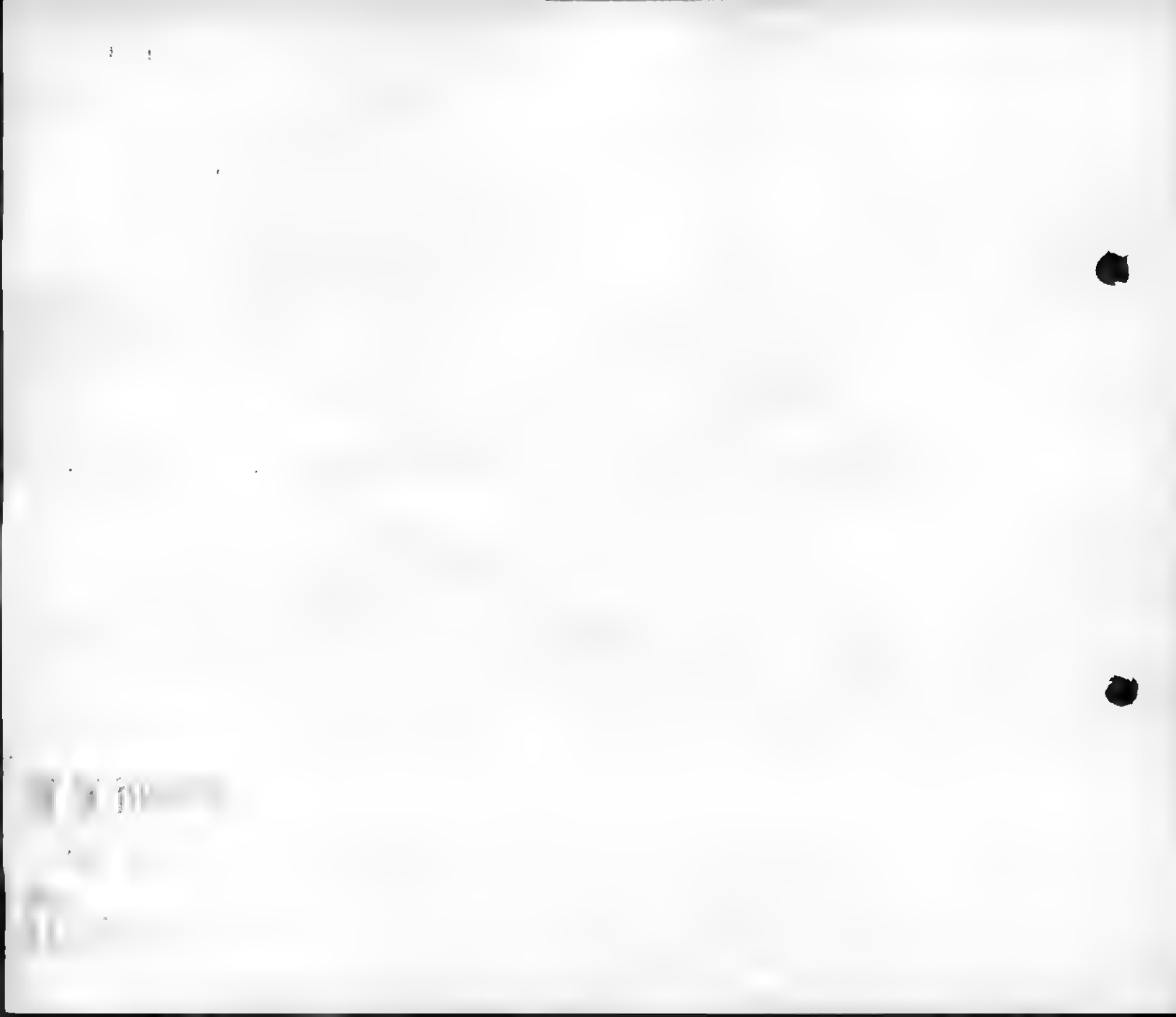


966

## CERTIFICATE OF DEATH

Reg. Dist. No. 265...

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Crisfield	LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 29	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital	STREET ADDRESS (If rural give location) 1 Lawsonia Section		
3. NAME OF DECEASED: (First) (Middle) (Last) CHARLOTTE STERLING		4. DATE (Month) (Day) (Year) OF DEATH: September 24 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: August 30, 1892
9. AGE last birthday: 63 yrs.		IF UNDER 1 YEAR Months Days	IF UNDER 24 MRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Domestic	
11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William A. Gundaker		14. MOTHER'S MAIDEN NAME: Matilda Winkleman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: Lawsonia Section Stoughton Sterling, Sr.—Crisfield, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
42.0 IMMEDIATE CAUSE (A) Coronary thrombosis			immediate
ANTECEDENT CAUSE (B) Cerebral thrombosis			15 hrs -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Hypertensive arteriosclerotic heart disease			years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION.		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 9, 1951, to Sept 24, 1955, that I last saw the deceased alive on Sept 24, 1955, and that death occurred at 7:30 P M, from the causes and on the date stated above.			
SIGNATURE C. R. Crowley		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Sept. 27, 1955	
NAME OF CEMETERY OR CREMATORY Private Sterling Cemetery		LOCATION (City, town, or county) Crisfield, Md.	
24. FUNERAL DIRECTOR		ADDRESS	
Bradshaw & Sons—Crisfield, Md.			
DATE REC'D BY LOCAL REGISTRAR Sept. 24, 1955		REGISTRAR'S SIGNATURE Burton S. Adams	



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09077

9 '54

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		LENGTH OF STAY (in this place) <u>lifetime</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Lawsonia Section</u>				STREET ADDRESS (If rural give location) <u>Lawsonia Section</u>			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
First: <u>LENA</u> (Middle) <u>MAY</u> (Last) <u>TYLER</u>				OF DEATH <u>September 24</u> 19 <u>55</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>October 17, 1914</u>	9. AGE last birthday: <u>40</u> yrs	IF UNDER 1 YEAR: Months	IF UNDER 24 HRS: Days	IF UNDER 60 MIN: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>none</u>		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>William H. Tyler</u>				14. MOTHER'S MAIDEN NAME: <u>Addie M. Lawson</u>			
15. WAS DECEASED EVER IN U.S. ARMY OR NAVAL SERVICE (Yes, no, or unk.) (If Yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS: <u>R.F.D. Lawsonia William H. Tyler-- Crisfield, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
753.1 IMMEDIATE CAUSE						<u>6 mos.</u>	
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.						<u>lifetime</u>	
(A) <u>Cerebral lesion</u>							
(B) <u>Underdevelopment of Cerebrum</u>							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>55</u> , to <u>Sept. 24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept. 22</u> , 19 <u>55</u> , and that death occurred at <u>9</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Samuel M. Peyton</u>				ADDRESS <u>Crisfield, Md.</u>		DATE SIGNED <u>9/26/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Sept. 26, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Sept. 26, 1955</u>		REGISTRAR'S SIGNATURE <u>Baltimore L. Adams</u>		24. FUNERAL DIRECTOR <u>Bradshaw &amp; Sons--Crisfield, Md.</u>		ADDRESS	

1000

1000

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09078

9067

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH.				2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>MD.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCreedy Hospital</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
<u>Harmin James Hard</u>				<u>9 19 1955</u>			
5. SEX: <u>M.</u>		6. COLOR OR RACE: <u>Col.</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married Jan 2, 1917</u>		8. DATE OF BIRTH:	
				9. AGE last birthday: <u>38</u> yrs.		IF UNDER 1 YEAR: Months <u>8</u> Days <u>17</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Sergeant</u>				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Sam. Co.</u>	
13. FATHER'S NAME: <u>Willie Hard</u>				14. MOTHER'S MAIDEN NAME: <u>Minnie Cottman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>no.</u>				16. SOCIAL SECURITY No.: <u>216-01-6661</u>		17. INFORMANT & ADDRESS: <u>Cora Hard-Marian Sta., Md.</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE: <u>492X</u>							
ANTECEDENT CAUSE (S): <u>acute Dil. of heart</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) <u>Verus pneumonia</u>							
DUE TO <u>Verus endocarditis</u>							
(B)							
DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Myocarditis</u>							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sep. 14, 1955</u> , to <u>Sep. 19, 1955</u> , that I last saw the deceased alive on <u>Sep. 19, 1955</u> , and that death occurred at <u>11:55 PM</u> , from the causes and on the date stated above.							
SIGNATURE: <u>George B. Boulburn</u>				ADDRESS: <u>M. D. Marian Sta. 2nd</u>		DATE SIGNED: <u>Sep. 22, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY): <u>Burial</u>		DATE THEREOF: <u>Sep. 25, 1955</u>		NAME OF CEMETERY OR CREMATORY: <u>Wesley Family Cemetery</u>		LOCATION (City, town, or county) (State): <u>Marian Sta., Md. Sam. Co.</u>	
DATE REC'D BY LOCAL REGISTRAR: <u>Sep. 22, 1955</u>		REGISTRAR'S SIGNATURE: <u>Nellie D. Payne</u>		24. FUNERAL DIRECTOR: <u>Chas. J. Hard</u>		ADDRESS: <u>Marian Sta., Md. #235</u>	

U.S.

17P

17P



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9-68

## CERTIFICATE OF DEATH

Reg. Dist. No. 480

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>2nd</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write and give nearest town)		RURAL LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN <u>Rural Princess Anne</u> X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)		1	
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>Morris Page Ward</u>				OF DEATH: <u>Sept 21</u> 19 <u>55</u>			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH: <u>Nov 11 1890</u>	9. AGE last birthday: <u>64</u> yrs.	10. UNDER 1 YEAR	11. IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Retired Farmer</u>				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>2nd</u>	
13. FATHER'S NAME: <u>Benjamin Ward</u>				14. MOTHER'S MAIDEN NAME: <u>Abigail Knox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service): <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: <u>Dr. Everett C. Sutter, James Frederick Rd</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
223X IMMEDIATE CAUSE (A) <u>Brain Tumor</u>						Months	
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Bronchial asthma</u>						Years	
19A. DATE OF OPERATION: <u>June 1955</u>		19B. MAJOR FINDINGS OF OPERATION: <u>brain tumor</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-23-</u> , 1955, to <u>9-21-55</u> , that I last saw the deceased alive on <u>9-21</u> , 1955, and that death occurred at <u>9:15 PM</u> , from the causes and on the date stated above.							
SIGNATURE: <u>Everett C. Sutter</u>		ADDRESS: <u>James Frederick Rd</u>		DATE SIGNED: <u>9-22-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY): <u>Burial</u>		DATE THEREOF: <u>9/24/55</u>		NAME OF CEMETERY OR CREMATORY: <u>Allen Cemetery</u>		LOCATION (City, town, or county) (State): <u>Allen Md.</u>	
DATE REC'D BY LOCAL REGISTRAR: <u>9/26/55</u>		REGISTRAR'S SIGNATURE: <u>R. E. Johnson, M.D.</u>		24. FUNERAL DIRECTOR: <u>James H. Newman</u>		ADDRESS: <u>Princess Anne Md.</u>	

RECEIVED

BUREAU V. 2

SEP 28 1955

RECEIVED

9-69

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Rehobeth		LENGTH OF STAY (in this place) lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rehobeth		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
(First) (Middle) (Last) HARRIET WHITTINGTON				OF DEATH: September 24 19 55			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH:	
Female		Colored		Married		1891	
9. AGE last birthday		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
64 yrs		Housewife		R.F.D. Marion, Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
unknown				unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
No				none		John Henry Whittington—Rehobeth, Md.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) Coronary Disease							
ANTECEDENT CAUSE (B) arterio Sclerosis							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C) Coronary Disease							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY	
no						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 15, 1955, to 18, 1955, and that death occurred at 3:36 AM, from the causes and on the date stated above.							
alive on 19, 1955, and that death occurred at 3:36 AM, from the causes and on the date stated above.		SIGNATURE		ADDRESS		DATE SIGNED	
Myrtle Houlbourn		M.D.		Crisfield MD		Sept 26-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Sept. 27, 1955		Marumsco Cemetery		Marumsco, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Sept. 26, 1955		Barbara L. Adams		Bradshaw & Sons—Crisfield, Md.			

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V.

SEP 28 1955

RECEIVED